

VOUCHER/REIMBURSEMENT APPLICATION PROCESS

Check type of request made. →

Check off category of training. →

DEPARTMENT OF HUMAN RESOURCES
CHILD CARE ADMINISTRATION
 311 W. Saratoga Street • Baltimore, Maryland 21201

MARYLAND CHILD CARE CREDENTIAL
APPLICATION FOR TRAINING VOUCHER/REIMBURSEMENT

INSTRUCTIONS: Complete this application form and mail it with **all** documentation to the Child Care Administration (CCA) at the above address. Complete **all** information requested in the space provided. **Incomplete applications will be returned.**

Applicant's Name: _____
(Please print or type)

Social Security #: _____ Annual Family Income: _____
(required) (Federal Tax Form 1040 - Line 33 - attach copy of completed 1040 for past year)

Mailing Address: _____
Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone #: () _____ Evening Phone #: () _____

E-mail: _____ FAX #: _____

1. Submit completed application form and attached copies of: (check items submitted)

TRAINING VOUCHER

☐ Training advertisement or course catalog information. (Information **must** include date of training, cost, session title, name of instructor and CCA assigned approval number, if applicable.)

TRAINING REIMBURSEMENT

☐ Training advertisement or course catalog information. (Information **must** include date of training, cost, session title, name of instructor and CCA assigned approval number, if applicable.)

☐ Cancelled check or receipt of payment indicating the amount of the training fee.

☐ Certificate of successful completion, grade slip or transcript. (Documentation **must** include the name of the participant, the date of training, the title, the offering individual or organization, and the CCA assigned approval number, if applicable.)

2. I will use the session named above to fulfill the training for: (check all that apply)

☐ Core of Knowledge Training in the area of: (check area)

☐ Child Development ☐ Curriculum ☐ Health, Safety and Nutrition

☐ Professionalism ☐ Community ☐ Special Needs

☐ Pre-service Training: (check only one)

☐ 90 clock hour preschool course ☐ 45 clock hour school-age

☐ 45 clock hour preschool - development ☐ 45 clock hour school-age

☐ 45 clock hour preschool - curriculum ☐ 90 clock hour school-age

☐ 45 clock hour course (infant/toddler)

3. All information on this application is true and accurate to the best of my knowledge. I am currently a registered family day care provider or employed as a staff person in a licensed child care center and am participating in the Maryland Child Care Credential program at Level Two or higher. I understand that any false statement on this application will result in it being rejected. I further understand that if I receive a training voucher I will:

- Attend the session named on the voucher;
- Submit documentation to the Office of successful completion of the training;
- Be required to repay the amount of the voucher if I do not successfully complete the training for which it was issued; and
- No longer be eligible for training vouchers if I do not successfully complete the training for which it was issued.

Applicant's Signature _____ Date _____

DHR/CCA 273

Complete **all** Information. ←

Be sure to sign and date application. ←

DHR/CCA 273

1. Complete the Application For A Child Care Training Voucher/Reimbursement, DHR/CCA 273. Be sure to sign and date the application in **blue ink**.
2. Attach copies of **all** documentation, as required.
3. Make a copy, for your files, of the completed application and all documentation submitted.
4. Mail the completed original application and **all** documentation to:

The Child Care Administration
 Office of Credentialing
 311 W. Saratoga Street
 Baltimore, MD 21201

Please be sure to use the appropriate amount of postage and that the original application and copies of **all** documents are enclosed.